

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2019
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NAME OF PROVIDER OR SUPPLIER HOPE GARDENS TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1958 TURNPIKE ROAD RAEFORD, NC 28376
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on April 23, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p> <p>Record review on 4/23/19 of the facility's fire drill log revealed the following: -4/20/18- 1st shift. -5/17/18- 2nd shift.</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> -6/3/18- 1st shift. -7/30/18- 3rd shift. -8/7/18- 2nd shift. -9/30/18- 1st shift. -10/4/18- 1st shift. -11/13/18- 1st shift. -12/17/18- 1st shift. -1/20/19- 2nd shift. -2/20/19- 1st shift. -3/11/19- 2nd shift. -4/10/19- 3rd shift. -For the fourth quarter of 2018, there were no fire drills for 2nd or 3rd shift. -For the first quarter of 2019, there were no fire drills for 3rd shift. <p>Interviews on 4/23/19 with clients #1, #2 and #3 revealed: -Fire drills had been conducted at the center.</p> <p>Interview on 4/23/19 with the Vice President of Operations revealed: -Facility operated under three shifts. -She confirmed staff failed to conduct drills under conditions that simulate fire and disaster emergencies under each shift on each quarter.</p>	V 114		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure critical incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings are:</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>Review on 4/23/19 of the North Carolina Incident Response Improvement System revealed no Level II incident reports for the facility for the period of December 2018 to April 2019.</p> <p>Review on 4/23/19 of the facility's book of incident reports revealed facility staff documented all physical restraints on the standard agency form for reporting incidents. The following are examples:</p> <p>1. Client #1: - Admitted on 11/5/18 - Diagnoses: Conduct Disorder, Childhood Onset Type; Disruptive Mood Dysregulation Disorder; Attention Deficit Hyperactivity Disorder, Combined presentation (per history). - 12/13/18 = Therapeutic hold. - 4/14/19= Two-man therapeutic hold.</p> <p>2. Client #2: - Admitted on 7/11/18 - Diagnoses: Disruptive Dysregulation Mood Disorder; Conduct Disorder, Childhood Onset; Attention Deficit Hyperactivity Disorder, Combined. - 3/4/19 = Therapeutic hold. - 4/14/19 = Therapeutic hold.</p> <p>During interview on 4/23/19, the Vice President of Administration confirmed: - The above incidents for restrictive interventions were not reported to the State as required. - She believed that staff had imputed the information, but may not had clicked "submit".</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 367		

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V 736 V 736	Continued From page 5 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: Observation on 4/23/19 between 12:00 p.m. to 12:30 p.m. revealed: -Wall paint was dirty and peeling at spots in all rooms (1-12). -Frames around windows were dirty and needing to be caulked and painted in all rooms (1-12). -Walls in hallways leading to rooms were dirty, peeling and needing to be painted. Interview on 4/23/19 with the Vice President of Operations revealed: -Facility is constantly having to paint over the walls about once every other month. -Plans were to fix all windows at the facility. -She would have maintenance staff make necessary repairs. -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.	V 736 V 736		